

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. KEN A. KESLER

Mailing Address 8670 BAY COLONY DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46234

FEC ID number of contributing
federal political committee.

C

Name of Employer

INDIANA UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.6069

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. JOHN F. KRAHNERT

Mailing Address 50 BROOKLINE DRIVE

City

PINEHURST

State

NC

Zip Code

28374

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIRSTHEALTH MOORE HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.6072

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR. HOPE S. KUEHNER

Mailing Address 9802 COUNTY ROAD Y

City

MARSHFIELD

State

WI

Zip Code

54449

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11AI.6074

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00